

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 1-7-08 to 7-20-08
Mo Day Year Mo Day Year

1. Committee I.D. Number 136531
150222

2. Committee Name
FRIENDS to ELECT KIM COONAN

4. Candidate Last Name **COONAN** First Name **Kim** **80** **M.I. J**

4a. Office Sought Including District # or Community Served (If applicable)
6TH DISTRICT COUNTY COMMISSIONER

4b. County of Residence **BAY**

5. Committee's Mailing Address

706 SIDNEY ST
BAY CITY, MI 48706

Area Code and Phone 989-684-7675

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address MARK SHORT
4761 SPIT LEA DR.
BAY CITY, MI 48706

Area Code & Phone (989) 684-5364

Area Code and Phone (959) _____

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone ()

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

8 5 2008
Month Day Year

9c. ☐ Annual Statement (_____ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution



Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper	MARK SHORT		Date	7-20-08
	Type or Print Name	Signature	Mo	Day Year
Candidate	KIM J. COONAN		Date	7 14 08
	Type or Print Name	Signature	Mo	Day Year

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 136531 150222
2. Committee Name FRIENDS to ELECT KIM CONAN

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3035.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3035.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3035.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1000.00</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3086.36</u> <u>3091.36</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3091.36</u> <u>3086.36</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>1000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>459.32</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3035.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3494.32</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3091.36</u> <u>3086.36</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>402.96</u> <u>407.96</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

~~136531~~ 150222

2. Committee Name

Friends To Elect Kim Coonan

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u></p> <p>Name: <u>Arnold, Matthew</u></p> <p>Address: <u>1209 N. Williams, Bay City, MI 48706</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		40.00	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u></p> <p>Name: <u>Bodrie, Marie</u></p> <p>Address: <u>206 Sidney, Bay City, MI 48706</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		20.00	
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u></p> <p>Name: <u>Buda, Michael</u></p> <p>Address: <u>526 Handy, Bay City, MI 48706</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		40.00	
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u></p> <p>Name: <u>Besaw, Bob & Debra</u></p> <p>Address: <u>118 E. Murphy, Bay City, MI 48706</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		40.00	
<p>Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)</p>		140.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 136531 150222
2. Committee Name Friends To Elect Kim Coonan

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Couto, Nicole</u> Address: <u>3347 E. North Union, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Brunner, Julianne</u> Address: <u>1375 E. Cottage Grove, Linwood, MI 48634</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Causley, Jill</u> Address: <u>1000 Transit, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Coonan, Amy</u> Address: <u>1605 30th, Bay City, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		60.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		140.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 136531 150222
2. Committee Name Friends To Elect Kim Coonan

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Krygien, Ernie</u> Address: <u>785 Aplin Beh, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		50.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Gray, Mike</u> Address: <u>5509 S. Fraser, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Goik, Brent</u> Address: <u>216 Nickless Apt A-6, Frankenmuth, MI 48734</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		50.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Fitzhugh, M.A.</u> Address: <u>3077 Oakwood, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		180.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 136531 150222
2. Committee Name Friends To Elect Kim Coonan

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3-11-08</u>		40.00	
Name: <u>Hanthorne, Frank & Joyce</u>					
Address: <u>412 James, Bay City, MI 48706</u>					
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3-11-08</u>		40.00	
Name: <u>Hayes, Marie</u>					
Address: <u>114 N. Sheridan, Bay City, MI 48708</u>					
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3-11-08</u>		20.00	
Name: <u>Brzezinski, Richard</u>					
Address: <u>2413 25th, Bay City, MI 48708</u>					
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3-11-08</u>		20.00	
Name: <u>Andrus, John</u>					
Address: <u>1702 S. Sheridan, Bay City, MI 48708</u>					
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
Page Subtotal				120.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)					

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 136531 150222
2. Committee Name Friends To Elect Kim Coonan

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Coonan, Mark</u> Address: <u>3383 Mansfield, Saginaw, MI 48603</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Holcomb, Hoke & Rene</u> Address: <u>1206 State, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Halstead, Michael</u> Address: <u>2157 6th, Bay City, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Bollman, Lori</u> Address: <u>500 S. Lincoln, Bay City, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		100.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 136531 150222
2. Committee Name Friends To Elect Kim Coonan

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Good, Don</u> Address: <u>714 Webb, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser 4. Date of Receipt <u>3-11-08</u>		20.00	
3. Contribution #2 Name: <u>Brunner, Susan</u> Address: <u>2413 N. Bay City, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser 4. Date of Receipt <u>3-11-08</u>		20.00	
3. Contribution # 3 Name: <u>Bosco, Jeanne</u> Address: <u>3943 Sequin, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser 4. Date of Receipt <u>3-11-08</u>		20.00	
3. Contribution # 4 Name: <u>Janiskee, Michael</u> Address: <u>5647 Firethorne, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser 4. Date of Receipt <u>3-11-08</u>		25.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		85.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

136531 150222

2. Committee Name

Friends To Elect Kim Coonan

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Burger, Deanne</u> Address: <u>2235 Carroll, Bay City, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Miller, John</u> Address: <u>3609 N. Euclid, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Calcutt, Chuck</u> Address: <u>2916 Lauria, Kawkawlin, MI 48631</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Jones, Lee & Freddie</u> Address: <u>605 18th, Bay City, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		100.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 136531-150222
2. Committee Name Friends To Elect Kim Coonar

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>DeJohn, John</u> Address: <u>300 Park, Bay City, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	40.00		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>LaForest, Ron</u> Address: <u>1301 W. Jane, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00		
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Kennedy, Robert</u> Address: <u>1111 Park, Bay City, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00		
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Kelley, Beth</u> Address: <u>406 Marquette, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00		
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Enter this total on
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Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

2. Committee Name

13653150222

Friends To Elect Kim Conner

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 3-11-08

Name: Powell, Bill

Address: 5277 Crestway, Bay City, MI 48706

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

6. Amount

20.00

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 3-11-08

Name: Martin, Corrine

Address: 605 W Ohio, Bay City, MI 48706

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

20.00

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 3-11-08

Name: Miller, Ken

Address: 211 S. Finn, Munger, MI 48747

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

20.00

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 3-11-08

Name: Lewis, Jim

Address: 7292 Springlake, Saginaw, MI 48603

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

20.00

Page Subtotal
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

80.00

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 136531-150222
2. Committee Name Friends To Elect Kim Coonan

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Norman, Leonard</u> Address: <u>4304 Sag A Bay, Augres, MI 48703</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		50.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Ryder, Tom</u> Address: <u>601 N. Hampton, Bay City, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Perkins, M. Jane</u> Address: <u>1106 Harbor Cove, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Perevost, Mark</u> Address: <u>702 Frank, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		25.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		115.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 13653150222
2. Committee Name Friends To Elect Kim Conar

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Ogar, Laura</u> Address: <u>601 N. Hampton, Bay City, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Sheerhan, Joe</u> Address: <u>1206 Wilderness, Essexville, MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Rajewski, Steve</u> Address: <u>2611 Kasier, Pinconning, MI 48650</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Roupe, Victoria</u> Address: <u>3115 Kirkwood, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		80.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

136531 150222

2. Committee Name

Friends To Elect Kim Coonar

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Bauer, Mark</u> Address: <u>6041 Windygoyle, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Ivey, Fred</u> Address: <u>81 S Tuscola, Bay City, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Redmond, Bob & Lori</u> Address: <u>201 N. Mountain, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Rogers, Dave</u> Address: <u>4659 Dale, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		180.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

136531-150222

2. Committee Name

Friends To Elect Kim Coon

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Elder, Brian</u> Address: <u>915 5th, Bay City, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Goulet, Don</u> Address: <u>69 York, Bay City, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>King, Greg</u> Address: <u>317 W. Riverview, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Reno, O.J.</u> Address: <u>311 S. Walnut, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		100.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

136531 150222

2. Committee Name

Friends To Elect Kim Conner,

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Zanotti, George</u> Address: <u>904 W. Indiana, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Gust, Eric</u> Address: <u>2121 German, Bay City, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Shimabukuro, Edwin</u> Address: <u>4538 Greenfield, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Simmons, Sandra</u> Address: <u>309 Deens Lane, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		120.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

136531 150222

2. Committee Name

Friends To Elect Kim Coonan

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Techlin, Lee</u> Address: <u>614 Hardy, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Kay Simmons, Edna</u> Address: <u>1509 3rd, Bay City, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Smith, Victor</u> Address: <u>1041 Rosemary, Bay City, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Shorkey, Deloris</u> Address: <u>1106 W. Linn, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		80.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 136531150222
2. Committee Name Friends To Elect Kim Coonr

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Rukla, Holly</u> Address: <u>237 W. Hampton, Esseyville, MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Asbury, Kurt</u> Address: <u>2125 6th, Bay C. ty, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Kozicki, Ziggy</u> Address: <u>27 Burell, Midland, MI 48640</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Elliot, Larry</u> Address: <u>308 Sanson, Bay C. ty, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		80.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

136531 150222

2. Committee Name

Friends To Elect Kim Bonan

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Beson, Pat & Vicki</u> Address: <u>1946 E. River Kawkawlin, MI 48631</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Spencer, Tim</u> Address: <u>202 E. Murphy, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Stapish, Kevin</u> Address: <u>14 Sharlean, Essexville, MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Szeliq, Crystal</u> Address: <u>1342 Salzburg, Auburn, MI 48611</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		50.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		130.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

136531 150222

2. Committee Name

Friends To Elect Kim Coonan

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Tilley, Don</u> Address: <u>617 Green, Bay City, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		50.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Whisman, Erin</u> Address: <u>2003 7th, Bay City, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Laisure, Mark & Mary B.</u> Address: <u>1492 W. Wagner, Essexville, MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Horner, Bob</u> Address: <u>3102 Coventry, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		130.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

13653150222

2. Committee Name

Friends To Elect Kim Cona

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Barcia, Jim</u> Address: <u>3190 Hidden, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Redmond, Brian</u> Address: <u>11 Bayshore, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Leroux, David</u> Address: <u>PO Box 1324, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Local 85 Plumbers & Steamfitters</u> Address: <u>6705 Weiss, Saginaw, MI 48603</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	80.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	230.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

136531 150222

2. Committee Name

Friends To Elect Kim Conan

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	3-11-08	50.00	
Name: <u>Kaplenski, Mark</u> Address: <u>1906 S. Sheridan, Bay City, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	3-11-08	20.00	
Name: <u>Neering, Jerry</u> Address: <u>1119 N. Dean, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	3-11-08	20.00	
Name: <u>Horner, Cal</u> Address: <u>5381 Kasemeyer, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	3-11-08	20.00	
Name: <u>Wetters, Howard</u> Address: <u>1886 Wetters, Kawkawlin, MI 48651</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)				110.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 13653150222
2. Committee Name Friends To Elect Kim Conran

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Mayes, Jess</u> Address: <u>4297 Zander, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Schider, Scott</u> Address: <u>4484 W. Park, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		50.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Rajewski, Bob</u> Address: <u>5782 Reinhardt, Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>Hennesy, Chris</u> Address: <u>420 PINE ST CLIO, MI. 48420</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		110.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

~~136531~~ 150222

2. Committee Name

Friends To Elect Kim Coonan

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name: Looby, Bridgit		3-11-08		25.00	
Address: 18 Drake Dr. E, Saginaw, MI 48603					
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt			
Name: Iron Workers Local 25 Pac Fund		3-11-08		200.00	
Address: 3115 Joyce St Burton, MI 48529					
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address: 3115 Joyce, Burton, MI 48529					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name: BRUNNER, CHARLES & JOAN		3-11-08		100.00	
Address: 208 MURPHY ST Bay City MI					
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name: COONAN, LEONE		3-11-08		200.00	
Address: 709 STATE ST, Bay City MI					
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
Page Subtotal				225.00	325.00 525.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)				2,735.00	2,735.00 3035.00

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 136531 150222

2. Committee Name FRIENDS TO ELECT KIM COBURN

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>BAY COUNTY CLERK</u> Address <u>SIS CENTER, Bay City MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Filing Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1-7-08</u>	<u>100.00</u>
Expenditure #2 Name <u>BAY CITY DEMOCRAT</u> Address <u>309 9th ST Bay City MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-20-08</u>	<u>129.32</u>
Expenditure #3 Name <u>US Post OFFICE</u> Address <u>1000 WASHINGTON, Bay City MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-27-08</u>	<u>02.00</u>
Expenditure #4 Name <u>LUMBER JACKS</u> Address <u>605 E MIDLAND, Bay City MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-12-08</u>	<u>616.00</u>
Expenditure #5 Name <u>US Post OFFICE</u> Address <u>1000 WASHINGTON Bay City MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-16-08</u>	<u>25.20</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>952.52</u>

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 136531 150222

2. Committee Name FRIENDS to Elect Kim LOOMAN

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>BAY CITY DEMOCRAT</u> Address <u>309 9th St Bay City MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-14-08</u>	<u>528.94</u>
Expenditure #2 Name <u>SAWICKI & SONS</u> Address <u>1521 LAFAYETTE, DETROIT MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-16-08</u>	<u>665.15</u>
Expenditure #3 Name <u>BAY SCREEN & GRAPHIC</u> Address <u>1602 WOODSIDE, ESSEXVILLE MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SHIRTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-4-08</u>	<u>91.16</u>
Expenditure #4 Name <u>BAY CITY DEMOCRAT</u> Address <u>309 9th St, Bay City MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-19-08</u>	<u>136.74</u>
Expenditure #5 Name <u>BAY CITY DEMOCRAT</u> Address <u>309 9th St, Bay City MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-26-08</u>	<u>271.36</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>1693.35</u>

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 136531 150222
2. Committee Name FRIENDS TO ELECT KIM CONNOR

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>BAY CITY TREASURER</u> Address <u>301 WASHINGTON, BAY CITY, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABELS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-26-08</u>	<u>35.70</u>
Expenditure #2 Name <u>US POST OFFICE</u> Address <u>1000 WASHINGTON, BAY CITY, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-2-08</u>	<u>175.19</u>
Expenditure #3 Name <u>BAY CITY TREASURER</u> Address <u>301 WASHINGTON AVE, BAY CITY, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABELS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-10-08</u>	<u>229.60</u>
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

440.49
3086.36

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 13653T 150222

2. Committee Name FRIENDS TO ELECT KIM COONAN

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8) <input type="checkbox"/> FORGIVEN
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Kim Coonan</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>7-7-08</u> 6. Original Amount of Debt: <u>\$ 1,000.00</u>	<u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$	\$ <u>0</u>	\$ <u>1,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____	<u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$	\$ _____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____	<u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$	_____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

1078.50
1000.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page _____ of _____

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150222 150222
2. Committee Name FRIENDS TO ELECT KIM COONAN

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 3 11 08 Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) 92	5. Type of Fund Raising Activity FOOD + BEVERAGE	6. Address and Name (If any) of the place where the activity was held LUMBER JACKS 605 E. MIDLAND ST BC 48706 <input type="checkbox"/> Private Residence
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7. Total Contributions \$ 2635.00
8. Other Receipts -
9. Gross Receipts (Add lines 7 and 8) \$ 2635.00
10. Total Cost of Event \$ 616.00
(Total Cost includes In-Kind Contributions
and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split
(%)

Expenditure Split
(%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page 1 of -1

INSTRUCTIONS FOR SCHEDULE 1F, FUND RAISER